

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	11	↔		↔		↔
TOTAL CLAIMS	12	↔		↔		↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.		↔		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔		↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS